

1.) CORPORATION NAME:

**PETsMART, Inc.**

DUE DATE: **10/31/2011**

SCC ID NO: **F1086281**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	625,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O JULIANNE RINGSMUTH  
19601 N 27TH AVENUE

CITY/ST/ZIP: PHOENIX, AZ 85027-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ROBERT MORAN  
TITLE: PRESIDENT  
ADDRESS: 19601 N 27TH AVE  
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

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OFFICER

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DIRECTOR

NAME: EMILY DICKINSON  
TITLE: SR VP/S  
ADDRESS: 19601 N 27TH AVE  
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

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OFFICER

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DIRECTOR

NAME: J DALE BRUNK  
TITLE: ASST SECRETARY  
ADDRESS: 19601 N 27TH AVENUE  
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

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OFFICER

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DIRECTOR

NAME: PHILIP L FRANCIS  
TITLE: EXEC COB  
ADDRESS: 19601 N 27TH AVE  
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

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OFFICER

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DIRECTOR

NAME: LAWRENCE A DEL SANTO  
TITLE: DIRECTOR  
ADDRESS: 19601 N 27TH AVE  
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RITA V FOLEY DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH S HARDIN, JR DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY P JOSEFOWICZ DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMIN I KHALIFA DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD K LOCHRIDGE DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA A MUNDER DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G STEMBERG DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE MOLLOY VP FINANCE 19601 N 27TH AVE PHOENIX, AZ 85027-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGEL CABRARA DIRECTOR 19601 N 27TH AVE PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ J DALE BRUNK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		J DALE BRUNK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		8/23/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			